

A Chance for Every Child

PROPOSITION 10 STRATEGIC PLAN



At-a-Glance

JUNE 2000

Woven throughout the following document are statements from just some of the many participants in the planning process. We are honored to be able to present their hopes and dreams as the heart and soul of the strategic plan.

A Chance for Every Child

Proposition 10 Strategic Plan At-a-Glance

Prepared for
Santa Clara County Children & Families First Commission

Strategic Plan prepared by
Santa Clara County Social Services Agency
The MIG Team

On behalf of
The Early Childhood Development Collaborative

Allocation Process prepared by
Community Crime Prevention Associates

Evaluation Plan prepared by
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“There is a compelling need in California to create and implement a comprehensive, collaborative, and integrated system of information and services to promote, support, and optimize early childhood development from the prenatal stage to five years of age.”

—California Children and Families First Act of 1998

Proposition 10 Summary

On November 3, 1998, California voters approved Proposition 10—the Children and Families First Act. The Act increases sales taxes on cigarettes and other tobacco products by 50 cents to fund early childhood development and smoking prevention and cessation programs. Specifically, the purpose of the Act is to:

- promote, support and improve the early development of children prenatal to age five;
- establish and coordinate comprehensive, integrated programs emphasizing community awareness, education, nurturing, child care, social services, health care and research; and
- provide for greater local flexibility in designing effective service delivery systems and eliminating duplication.

Focus of the Act

The measure has three strategic results: improved child health, improved child development, and improved family functioning. To achieve these results, the state guidelines focus on the following activities:

- parent education and support services;
- the availability and provision of high quality, accessible and affordable child care;
- the provision of child health care services that emphasize prevention, diagnostic screenings, and treatment not covered by other programs; and
- the provision of prenatal and postnatal maternal health care services that emphasize prevention, immunizations, nutrition, treatment of tobacco and other substance abuse, general health screenings and treatment services not covered by other programs.

State and Local Governance

A new state commission and local commissions in each county have been created to administer the \$700 million annual funding stream created by the Act.

State Commission. The California Children and Families Commission is responsible for the state-level administration of the measure, which includes developing program guidelines, reviewing county plans, and conducting annual program review and evaluation. The seven-member commission also spends twenty percent of the available revenues annually on mass media communications, parent and provider education, child care, research and administration.

County Commissions. Eighty percent of the available revenues are allocated annually to county commissions. Each five- to nine-member commission is responsible for developing a strategic plan to guide the expenditure of local Prop. 10 funds. Local planning efforts must be consistent with state guidelines and programs must be reviewed and evaluated annually.

“I hope all children in our county will benefit from Prop. 10 because I care.”

—Collaborative participant, January 29, 2000

*“Ultimately, this investment will help families form the secure attachments that give children the foundation for a positive life—enabling them to grow up happy, healthy and safe from harm....
But even more important, by investing in our children early we can save them from a future of unfulfilled promise and broken lives.”*

—Rob Reiner, film director and Chair, California Children and Families First Commission

IN THE FUTURE IN SANTA CLARA COUNTY:

All our children thrive—physically, emotionally, intellectually and spiritually—inclusive of all social and economic status, culture, life experience and special needs. To support them, families across the county’s rich mix of ethnicities, cultures, generations and lifestyles have quality housing, education, food, health care, child care and transportation. Providing a circle of support for families, the entire community shares responsibility for the care and nurturing of our children.

Stimulating, affordable child care and preschools. Confident, self-sufficient parents and caregivers. Medical care that is accessible, financially, culturally and physically. Safe streets and neighborhoods. A place to turn for families who don’t know where to go.

A good life. A future. A chance for every child.

Today we know more than ever about the influence of early experiences on a child’s emotional and physical health, educational success and future economic well-being. All of these outcomes hinge, in large part, on their experiences before entering first grade. Recent research showing the lasting impact of environment on a child’s brain development in the first three years clearly demonstrates the importance of a healthy start.

Proposition 10

To address these issues, California voters approved Proposition 10, the California Children and Families First Initiative, in November 1998. Prop. 10 raised the tax on tobacco products by \$.50 a pack to pay for programs to promote the healthy development of young children—from before birth to age 5. The legislation called for a new state commission and local commissions to administer the program. Eighty percent of revenues generated by the new tax were earmarked for county commissions to support local programs for children and families.



A Strategic Plan for Santa Clara County

In Santa Clara County, the Children and Families First Commission is charged with adopting and implementing a strategic plan for spending Prop. 10 funds, initially expected to total \$27.5 million annually (but declining in subsequent years). The commission asked the Early Childhood Development Collaborative to lead a community-based process to develop the strategic plan. The Collaborative was founded by County Supervisor Blanca Alvarado in January 1998 as a call to action to offer a “chance for every child.” She hoped the Collaborative would build on early brain research and the county’s resources, so all children could aspire to the “highest lifetime achievements.”

More than a thousand Santa Clara County residents have worked together in a comprehensive process over the last year to create the Prop. 10 Strategic Plan. The planning process was composed of these basic elements:

Community input and engagement

Santa Clara County families and other advocates were asked throughout the process to comment on the key challenges affecting young

children and what should be done to address them. We held a total of 43 meetings, and collected over 1,100 comment cards and questionnaires. Five public hearings were then held to seek input on the draft plan.

Expert/partner guidance

Special teams of “expert partners” who have worked for years to support families and young children were brought together at each stage of the process to discuss and strategize on specific early childhood development topics.

Data collection and analysis

Data were collected and analyzed on needs, resources, service gaps and “best practices” to provide a firm foundation for the strategic plan.

A six-step planning process was followed:

- Step One: Identify Needs, Assets and Gaps
- Step Two: Develop Goals, Objectives and Indicators
- Step Three: Develop Strategies, Programs, Services and Projects
- Step Four: Establish Funding Priorities
- Step Five: Develop an Allocation Process
- Step Six: Develop an Evaluation Plan

Children in Santa Clara County

Santa Clara County's children are growing up in an environment that has shifted seemingly overnight from an agricultural-based economy to an information-technology-based one. With that shift has come a widening in the income gap and a substantial increase in the percentage of children living in poverty. At the same time, our 160,000 children age 5 or under are even more diverse than the adult population, where no ethnic group dominates any longer.

Community voices

Five basic messages emerged from discussions with families and those who work with them:

1. Families need the “basics” of modern life: adequate financial resources, education, affordable housing, sufficient food, good transportation and a healthy, safe community.
2. The multifaceted needs of the county's youngest children demand that we build an integrated system of services that parents can access easily before their children enter school.
3. Resources and services for children and families must be provided in such a way that they are used and embraced by fami-

lies of all languages, cultures, ethnicities and different needs.

4. Families need to feel self-sufficient and involved in finding solutions.
5. A greater emphasis should be placed on prevention and early intervention.

Gaps

Through an extensive needs assessment, involving both qualitative and quantitative research, we have identified the following major gaps in four broad categories.

Safe, stable, stimulating homes

Primary gaps affecting parents and families are the lack of assistance and support they receive, and the lack of information about existing services. Many families do not have sufficient income, housing and transportation, and children need more protection from abuse, neglect and domestic violence. Too many children are in the child welfare system, and there is a shortage of foster and adoptive families, especially for children of color.

“I hope Russell will benefit from Prop. 10 because he could benefit from quality child care that helps him develop a strong sense of self that will enable him to make healthy choices later in his life.”

“I hope Amanda will benefit from Prop. 10 because she is homeless. Her mom is a recovering addict and lacks the support she needs.”

Healthy children

Gaps were identified concerning health insurance, the complexity of health services, and lack of preventive care. Gaps also were identified in the use of prenatal care, nutrition for children, dental and mental health services, and care for children with special needs, as well as services to reduce alcohol, drug and tobacco use and teen birth rates.

Children prepared to succeed in school

Gaps were identified in the areas of child care staffing and supply, child care costs and lack of subsidy funding, quality of child care, lack of care during non-traditional hours, and lack of culturally appropriate and special needs care. Learning differences are not being identified and addressed.

Safe neighborhoods and communities

For neighborhoods and communities, racism and lack of tolerance are gaps, as are unsafe parks and streets. More children need to be protected from injury. Communities and neighborhoods need to be more supportive to families and offer more places for children and youth to play. Air quality and other environmental issues also need to be addressed.

Goals and Objectives

Through the planning process, participants defined both broad and specific results to be achieved over the next five years. In addition, a set of community-wide indicators was developed to help the Children and Families First Commission gauge progress toward improving the overall condition of young children and families in our community. The goals, long-term objectives and short-term objectives are shown below (with objectives in abbreviated text). Those with an asterisk (*) have been designated “maximum-impact” objectives—that is, they have the greatest potential for reaching the goal.

GOAL 1

Families provide safe, stable, loving and stimulating homes for children.

Long-term objectives:

- A. More parents who feel knowledgeable and confident about raising healthy children.*
- B. More children living in homes free of the effects of drug and alcohol abuse.*

- C. Fewer incidences of violence in the home.*
- D. More families who can afford food, child care, health care, housing and transportation.*
- E. More young children in the child welfare system who find permanent homes within 18 months of placement.*

Short-term objectives:

- a. More families with access to information and assistance in their preferred language.
- b. Greater capacity to provide parent support services.
- c. More support and services for families who foster or adopt children 0 to 5 in the child welfare system.

GOAL 2

All children are born healthy and experience optimal health.

Long-term objectives:

- A. More babies born healthy.*
- B. Fewer expectant mothers who drink alcohol, smoke and use other drugs.*

- C. Fewer young children exposed to tobacco smoke at home.
- D. More children who are up-to-date with immunizations at age 2.
- E. Fewer young children with health problems because they don't eat healthy food.*
- F. Fewer young children with anemia.*
- G. Fewer children age 2 to 4 with cavities in their primary teeth.*
- H. Fewer preventable hospitalizations for chronic illness among young children, such as pediatric asthma, pneumonia or influenza.*
- I. Fewer parents and young children with mental and behavioral problems.*
- J. Fewer young children with high levels of lead in their blood.

Short-term objectives:

- a. More families and children with health insurance.
- b. More mothers getting prenatal care in the first trimester.

“I hope Hilda will benefit from Prop. 10 because she is a single mother of three who escaped an abusive marriage and is now supporting her 3 children. She is a gifted and dedicated teacher. Supporting her family on a child care salary is extremely hard.”



- c. More young children with regular medical care who receive regular primary care and dental care services.
- d. More children with access to healthy food.
- e. More women who breastfeed their infants 3 to 6 months.
- f. Fewer high-ozone days per year in the Santa Clara Valley.
- g. More access to mental health care for young children and their families.

GOAL 3

Young children actively learn about themselves and their world, both inside and outside the home, and enter school fully prepared to succeed academically, emotionally and socially.

Long-term objectives:

- A. More parents who can read.
- B. More parents who understand and are able to support the healthy development of children 0 to 5.

- C. More children entering kindergarten ready for school.*

Short-term objectives:

- a. More parents in family literacy programs.
- b. More families using the library.
- c. More reading activities.
- d. Greater access to parent education regarding healthy child development.
- e. More subsidized child care slots.
- f. More licensed child care facilities.
- g. More fully qualified/permitted early childhood development teachers.
- h. Less turnover among early childhood development teachers.
- i. More family child care homes and centers that meet nationally recommended standards of quality.
- j. More early screening and intervention for developmental delays in children.

GOAL 4

Neighborhoods and communities are places where children are safe, neighbors are connected and all cultures are respected.

Long-term objectives:

- A. More young children who are safe walking, bicycling, playing or riding in a car in their communities.
- B. More families and children who feel accepted in their communities and not negatively affected by prejudice.*
- C. More families with young children connected to neighbors and other community members.*

Short-term objectives:

- a. More safe indoor and outdoor places in the community where families can gather and play.
- b. Better traffic safety in neighborhoods.
- c. More cross-cultural activities in communities for families and children.
- d. More young children with at least one positive adult role model.

“I hope Melissa will benefit from Prop. 10 because she is a single mom with a 10-month-old son with cerebral palsy. She needs...quality child care so she can work.”



Proposed Strategies and Funding Priorities

The strategies listed below are the programs, projects and services recommended for Proposition 10 funding in the first three years. They were developed through a coordinated effort involving parents, experts, policymakers and others with experience in child and family issues. All strategies should incorporate emergency assistance where appropriate, as well as providing transportation and other services to increase access to programs.

1. Establish a **comprehensive education and support program for parents** and all other primary caregivers that could include parent education, self-improvement and self-sufficiency programs, smoking cessation, domestic violence prevention, youth/teen parenting, support programs for all types of parents, special support for those with special needs, recruitment/retention programs for Latino and African-American foster/adoptive families, respite care for all parents, forums for parents to talk about values, orientations for new immigrant families, and education about nutrition and car seat safety.

Recommended Funding Level 18%

2. Develop a comprehensive, coordinated system of **one-stop service and family resource centers** to provide information and assistance with all types of health, child care,

parent education, domestic violence prevention and other needs, including outreach and referral services. Incorporate tutoring assistance and expand reading programs for young children. Centers should be neighborhood-based, co-located at other community centers, close to public transportation, inter-generational, free or with a sliding scale fee for those who can afford it, inclusive and culturally appropriate.

Recommended Funding Level 10%

3. Create a comprehensive, **countywide information and referral system** that is culturally and linguistically appropriate and accessible by one-stop/community centers. It should include online and telephone access, as well as integrated and user-friendly child care information/referral and referral to multi-lingual domestic violence hotlines. It will be

used by families (information/education), case managers (identification and referral, system navigation) and providers (identification and referrals). It will be promoted via city resource guides, an expanded “ambassador program” and a public awareness campaign.

Recommended Funding Level 3%

4. Foster and strengthen a network of **locally available health services**—including well-child services, enhanced prenatal care, improved dental services, expanded mental health services, substance abuse prevention services, health assistance for children with special needs and low-income families, and services for parents of children with physical or mental anomalies—that will provide a more accessible, customer-oriented system of care for all county residents. Services should be integrated through coordination, co-location and partnerships, but be tailored for local needs. The network could include a user-friendly case management system, expanded health outreach personnel, increased health insurance coverage, expanded mobile health services and a home visiting program. Build on current models—school-based services, community health

centers, etc.—that combine prevention-oriented resources and treatment services.

Recommended Funding Level 20%

5. Enhance current programs (such as those at child care centers, schools, etc.) to improve **nutrition** among children and families. Increase funding of these programs (such as WIC) to serve more families who are not currently eligible. Expand nutrition education through all means.

Recommended Funding Level 3%

6. Expand and retain a highly qualified **child development workforce** by improving wages and benefits (via stipends and a PERS-type benefits program), establishing a Professional Development Academy that includes standard training as well as providing training in cultural competence and special needs, encouraging use of curricula to promote healthy behaviors, offering education support services for child care professionals (loans and grants), connecting health and other agencies with providers for training, and encouraging business development through a countywide recruitment plan for family child care providers and child





development teachers, with special recruitment and training of ethnically diverse child care providers.

Recommended Funding Level 13%

7. Expand **subsidies to make quality child care available** to more low-income families in the county by increasing direct and Alternate Payment Provider subsidies, creating a child care fund for foster parents of young children, subsidizing school-site child care for teen mothers and/or advocating to raise eligibility levels for subsidized child care.

Recommended Funding Level 12%

8. Establish a countywide **child care facilities** fund and action plan that would result in new and expanded facilities. This could include advocating to change zoning and other restrictions, improving existing family child care homes and child care centers via loans and grants, providing start-up support and resources for family child care providers and providing technical assistance (e.g., construction, financing, etc.).

Recommended Funding Level 2%

9. Increase **early identification for children with learning differences** and link to appropriate intervention services. This includes increasing partnerships between health providers and child development professionals, offering on-site screening and detection at child care locations, and educating parents about early detection and intervention through their child care providers.

Recommended Funding Level 8%

10. Increase **affordable enrichment programs** (art, music, drama, drawing, dancing and other creative activities) for young children. Integrate children with special needs and from all cultures rather than separating them. Offer these programs at existing community/youth centers, one-stops and schools, at times when parents can participate and with opportunities for them to volunteer.

Recommended Funding Level 2%

11. Strengthen and expand neighborhood associations and other **neighborhood-based initiatives** in areas that need assistance and ensure that outreach and services are culturally appropriate. This could include linking

with parent educators, creating babysitting co-ops and playgroups, offering tutoring programs, conducting needs assessments and asset mapping within neighborhoods, partnering with police and fire services for neighborhood watch and emergency preparedness programs, holding regular community gatherings and cultural activities, creating neighborhood bartering clubs, creating community gardens and partnering with community-based organizations to serve apartment complexes. It also includes linking association leaders with one another, linking association members with the ambassador program, increasing cultural competency among law enforcement, and linking schools and neighborhood groups.

Recommended Funding Level 4%

Funding levels sum to 95% (excluding administration and evaluation costs and investment in an endowment fund). The remaining 5% is placed in reserve to allow the Commission flexibility to add funding to specific strategies as warranted.

Other Key Strategies

Although these strategies were not prioritized to receive funding within the first three years, they are considered important in the overall plan if the goals and objectives are to be met. The Commission will forge partnerships with other local groups to champion these efforts. In addition, these strategies may receive funding in years four and five of the Initiative.

12. Expand traffic and auto safety efforts such as car seat and bike helmet requirements and programs (including culturally diverse education and training), pedestrian and bicycle laws and education programs, zebra-striped crosswalks, bike lanes and installation of speed bumps.
13. Increase the number of families who can afford to meet their basic needs such as food, health care, child care, housing and transportation by implementing a number of policy and service changes.
14. Conduct a series of community education/outreach/advocacy programs, targeting different audiences with specific messages, including tobacco cessation.

“I hope Eileen will benefit from Prop. 10 because she began life with so many challenges and needs: physical, emotional, social. The burden on her family was great, and they were so unprepared as to how to help her.”

“I hope Daniel will benefit from Prop. 10 because the mother is very young—pregnant with her third child. She has a 2-year-old and a 4-year-old. She speaks no English and tells us ‘I have no concept of how to be a good mom and help my children develop and be ready for kindergarten.’”

15. Increase sustainability of programs by educating funders about challenges faced by nonprofits, appropriate funding cycles and how to encourage collaboration instead of competition; provide support for nonprofits seeking funding.
16. Reduce violence in the home by (a) increasing the amount of assistance available to battered women of all cultures and their children, including a multilingual domestic violence hotline, (b) enhancing drug and alcohol treatment programs by making them more affordable and available to a greater number of people, and (c) providing anger management classes and other opportunities. Partner with and enhance existing successful programs.
17. Increase the capacity of local health services.
18. Enact and strengthen policies and laws that will create healthier homes and communities for children—tobacco, lead, toxics, ground-level ozone, poor drinking water quality, etc.
19. Provide incentive grants to family child care homes and child development centers to increase quality and accessibility.
20. Expand child care/preschool and kindergarten curricula to teach healthy behaviors to children at a very young age.
21. Create an online, interactive forum for residents to provide input to civic leaders on a variety of issues affecting families and early childhood development.

Allocation Process

The Commission has selected eleven strategies to fund over the first three years and has assigned funding percentages to each strategy. To complement these findings, the Commission is in the process of developing an allocation process. Deliberations are underway as to how funds will be allocated within each strategy. Among the areas to be considered are: What populations are to be served? Will the funds be used for direct service? What requirements will be included for leveraging funds?

The Commission has received a significant amount of input from community members and

service providers. Some of the values participants identified as critical to the success of the allocation process are:

- Cultural and linguistic competency
- Accessibility
- Non-Traditional Services
- Integrated Continuum of Services
- Collaboration
- Capitalizing on Family Strengths
- Priority Based on Need
- Technical/Incubation Assistance

The Commission has benefited from these recommendations and will offer further opportunities for community input once the draft of the allocation process is completed.

Evaluation Plan

The Commission's plan for evaluation combines the state requirements for assessing the impact of services from an outcomes perspective with the

Commission's need to establish process measures and build local capacity to measure outcomes. The evaluation design will identify the long- and short-term measures for the eleven priority strategies at three levels of impact: individual children and families; the service delivery system; and the Santa Clara County community. The evaluation will use several methods to document the impact: service provider reports, service provider self-assessments, community indicators, and community and service user surveys.

The evaluation design will be phased in over three years in order to acknowledge the need to build data collection capacity among the provider community. The Commission will provide expert training, consultation and other support to allow service organizations to increase their skills. There will be an evaluation advisory group responsible for ensuring that the evaluation is responsive to community input, feasible for providers to implement and addresses the critical issues facing young children and their families in Santa Clara County.



“I hope Carrie and Cameron will benefit from Prop. 10 because, as part of a single parent teen family, they struggle for success and for new hope on a daily basis.”

A Call to Action

The Proposition 10 Strategic Plan was the creation of the people of Santa Clara County—from parents and child care providers to health care professionals and policymakers.

Now is not the time for the thousands of people involved to take a step back and watch how the plan is implemented. It is time for all of us to continue our involvement and make it happen. Although it sounds like a lot of money, \$27.5 million (an amount that will decrease over time) is actually a small sum when one considers the ambitious scope of work laid out in the Strategic Plan.

It will not all happen without more involvement, more support—financial and otherwise—from all sectors of our community. What can you do?

Parents

Continue to monitor how the plan is implemented and look for opportunities to voice your needs to the Commission and to agencies

who can apply for funding to provide the services you need. Perhaps more importantly, you can team up with your neighbors—either in an existing neighborhood association or a new association of neighbors—and develop a Prop. 10-fundable program to serve the specific needs of your neighborhood.

Community members

Get to know the children in your neighborhood. Become a mentor and a role model for the kids around you.

Community-based organizations and other nonprofit providers

Look for opportunities to expand your successful programs and to team up with one another to enhance or create new programs to meet the plan’s goals and objectives. Identify opportunities to integrate your services with those of other organizations.

Foundations and other funders

Work with your grantees and each other to develop Prop. 10 proposals that will leverage other resources.

Policymakers and public agency staff

This plan and the needs articulated in it present an unusual opportunity to tailor services to help families be more successful in Santa Clara County. Express your leadership by making clear policy changes to support children and families in every aspect of their lives.

Business community

Step up to the plate and acknowledge that you, too, bear a responsibility to the children of our county and look for opportunities to contribute—either through supporting employees who are parents through policies, subsidies and on-site services, or by becoming a partner in funding programs that will meet the plan's goals and objectives. Better yet—actively help implement the 21 strategies in this plan.

These are just a few examples of what specific groups can do to ensure that the work done over 1999–2000 to identify the needs of young children and their families and develop recommendations to meet those needs is not going to sit in a thick planning document, getting dusty on planners' shelves or propping open a door.

The *A Chance for Every Child* Strategic Plan carries the hopes and aspirations of 160,000 youngsters—your sons, your daughters, your nieces and nephews, your grandchildren, your neighbor's children, your friend's children.

Don't let children—any of them—fall through the cracks. Be part of the safety net that ensures that they thrive—physically, emotionally, intellectually and spiritually.

Make it happen.



Acknowledgements

Santa Clara County Children and Families First Commission

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*We applaud you, Santa Clara County—
this is truly your plan!*

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